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23363 7590 12/12/2005

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Kelli Edmond

(Depositor's name)

Kelli Edmond

(Signature)

January 10, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,839	09/19/2003	Stephen C. James	50922/RDS/J106	6047

TITLE OF INVENTION: SWITCH WITH INSULATION DISPLACEMENT CONNECTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/13/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEE, KYUNG S	2832	200-05100R	01 FC:2501 02 FC:1504 03 FC:6001	700.00 OP 300.00 OP	30.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1 Christie, Parker & Hale, LLP 2 _____ 3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Judco Manufacturing, Inc.

Harbor City, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1728 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Richard D. Seibel

Date January 10, 2006

Typed or printed name Richard D. Seibel

Registration No. 22,134

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